# 2012 Action Plan Application  Workshop

## June 27, 2011
## Coburn Place

# 2012 Neighborhood Survey Respondents

**The City received 1,030 responses.**

# Top 5 Housing Related Needs

- **Demolition/Rehabilitation of Unsafe and Abandoned Properties.**

- **Emergency Shelters**

- **Homeowner Repair Assistance**

- **Permanent Supportive Housing**

- **Transitional Housing**

# Top 5 Non-housing Related Needs

- **Street Improvements**
- **Sidewalks**
- **Youth Centers**
- **Commercial Development**
- **Flood Drain Improvements**

# Top 3 Homeless Needs

- **Job Training**

- **Life Skills**

- **Mental Health Services**

# 2012 Application Information

**All applications must be received in Room 118 of the City-County Building by Noon July 29, 2011.**

•**Incomplete or late applications will NOT be accepted or considered for funding.**

•**<u>You will only submit your original application packet with no copies necessary.</u>**

# Page 1
# Applicant Information

**APPLICANT INFORMATION**

**Applicant's/Organization's Name:**_____
**Project Title:**_____
*(Organizations must submit a separate application for EACH project it wishes to be considered for funding.)*

**Amount of Funds:** _____

# Page 1
# Applicant Information

**Funding Source (select one):**

_____ **CDBG – Homeowner Repair**

_____ **CDBG – Public Service**

_____ **CDBG – Other**

_____ **ESG-Homeless Prevention**

_____ **ESG**

_____ **HOME – New Construction**

_____ **HOME – Acquisition and Rehabilitation**

_____ **HOME – Tenant Based Rental Assistance**

_____ **HOPWA**

# Page 1
# Applicant Information

**Address: (mailing and office, if different)**

_____

_____


**Employer Identification Number:**_____

**DUNS Number:** _____

**Board President:**_____ **Phone:**_____

**Executive Director/CEO:**_____ **Phone:**_____

**Contact Person:**_____ **Phone:**_____

**Contact Title:**_____ **Fax:**_____

**Contact E-mail:**_____

# Application Submission

**Applications for activities to be implemented during the 2012 calendar year must be received by NOON on Friday, July 29, 2011.  <u>You will only submit your original application packet with no copies necessary.</u>**

**Applications submitted on July 29, 2011 will be accepted in Room 118 of the City/County Building.**

**Early applications will be accepted in Suite 2042 of the City County Building, 200 East Washington Street.  In order to ensure proper tracking, applications must be given to a grant manager of the Division of Community Economic Development and you must receive a signed receipt. Calling ahead is required for early submission.**

**If you have questions regarding this application, please contact Evan Tester at 327-5805, Julie Fidler at 327-4118 or Andrew Houge at 327-7876.**

# Basic Application Instructions

- Application must be typed in 12-point font.

- No handwritten applications will be accepted.

- Neither incomplete nor late applications will be accepted or considered for funding.

- A separate application must be submitted for each project for which an organization is requesting funds.  One application for new construction, one for homeowner repair, one for youth services, etc....

- Do not use binders or folders

- Label appendices in accordance with Appendix Application Checklist at the end of the application

# PROJECT INFORMATION

1. The following objectives/outcomes are required by HUD for the CDBG, HOME, ESG, and HOPWA programs. Applicant's proposed project must meet one of these to be eligible for possible funding. Indicate the primary HUD objective/outcome this project will meet by checking the appropriate box.

| OBJECTIVES | OUTCOME STATEMENTS | | |
|---|---|---|---|
| | #1 Availability/Accessibility | #2 Affordability | #3 Sustainability |
| #1 Suitable Living Environment | ☐ Availability/Accessibility for the purpose of creating Suitable Living Environments | ☐ Affordability for the purpose of creating Suitable Living Environments | ☐ Sustainability for the purpose of creating Suitable Living Environments |
| #2 Decent Housing | ☐ Availability/Accessibility for the purpose of creating Decent Affordable Housing | ☐ Affordability for the purpose of creating Decent Affordable Housing | ☐ Sustainability for the purpose of creating Decent Affordable Housing |
| #3 Economic Opportunity | ☐ Availability/Accessibility for the purpose of creating Economic Opportunities | ☐ Affordability for the purpose of creating Economic Opportunities | ☐ Sustainability for the purpose of creating Economic Opportunities |

# PROJECT INFORMATION

**Page 4**

2. Indicate the primary Consolidated Plan goal this project will meet by checking the appropriate box

*(this project MUST meet at least one goal).*

# *Consolidated Plan Goals*

**Page 4**

**Goal 1:** ☐ **Encourage economic development activities and efforts in the community.**

- Fund commercial façade projects in developing communities.
- Provide economic development assistance to expanding or new businesses to create and/or retain jobs.
- Support outreach efforts to market available forms of economic development assistance to encourage business
- expansion or new business development.
- Support summer youth programs with an educational focus.

# *Consolidated Plan Goals*

**Page 4**

**Goal 2:** ☐ **Stabilize distressed neighborhoods through targeted development.**

- Acquire and/or rehabilitate units for homeownership.
- Rehabilitate substandard units to create affordable rental housing opportunities
- Demolish blighted structures.
- Construct new homes for homeownership opportunities.
- Provide financing options for homeowners, such as downpayment assistance.
- Provide repairs to home owners whose homes are in disrepair.

# *Consolidated Plan Goals*

**Page 4**

Goal 3: ☐ Support housing stabilization efforts throughout Marion County.

- Provide repairs to home owners whose homes are in disrepair.
- Provide down payment assistance to home buyers.
- Eliminate unsafe structures that pose a threat to public safety and/or the environment.

# *Consolidated Plan Goals*

**Page 4**

**Goal 4:** ☐ **Prevent homelessness through the support and operations of programs that serve very low-income residents.**

- Support case management services that help households at-risk of homelessness. Provide rent and utility assistance to families at-risk of homelessness.

# *Consolidated Plan Goals*

**Page 4**

**Goal 5:** ☐ **Decrease homelessness through support of homeless programs and housing projects.**

- Provide funding for supportive services and rental assistance in conjunction with housing programs assisting homeless individuals.

# *Consolidated Plan Goals*

**Page 4**

Goal 6: ☐ Support the needs of persons living with HIV/AIDS and their families.

- Provide supportive services, including housing counseling, to persons living with HIV/AIDS.
- Provide housing placement services to persons living with HIV/AIDS.
- Provide rent and utility assistance to persons living with HIV/AIDS.

# Project Information

**Page 5**

**Question 3:**

**Provide a brief description of your proposed project. Following your project description, you must clearly define the processes and structure that will be in place to ensure the proposed project will meet: a.) the goal(s) and strategy(ies) identified in question #2; b.) an initiative outlined by the City's administration; and c.) the principles of healthy neighborhoods (1,000 word limit)** *(Please refer to Evaluation Sheet and the Application Instructions for details regarding Consolidated Plan goals and strategies, City administration initiatives, and principles of healthy neighborhoods.)*

# Project Information

**Page 5**

**Question 4:**

**4a.  How many people will you serve through this proposed project/program?**

**4b.  How many of the people served will be special needs (homeless, disabled, or senior citizens)?**

**4c.  Depending on the project type, please describe your intake/application procedure.  (i.e. How do you select the participants in your program? What criteria do you use for prioritization?)  (100 word limit)**

# Project Information

**Page 5**

**Question 5:**

Define the proposed project area boundaries <u>and</u> explain how the proposed project addresses a particular need in the neighborhood (250 word limit).  (Please attach the one-page map of the area as Appendix A.) For additional/bonus points, provide a map of the proposed project area, only using county-wide maps when applicable.

5a. CDBG Technical Assistance & Economic Development only – Please list the census track numbers of the project area.

5b. HOME New Construction and Acquisition/Rehabilitation only – For bonus points, please include addresses in the map of the project area and in the proposed project area definition.

 If applicable, and for additional bonus points, please include proof of site control within the appendix.

# Project Information

**Page 5**

**Question 6:**

**State the current zoning for the property in question. If the property is not zoned properly for your project, please explain how it will meet zoning requirements prior to January 1, 2012. If you do not know the zoning for the property in questions, please call 327-5155 and speak to the planner on call. (*Properties must be properly zoned by January 1, 2012 to be eligible for federal funding*.)**

# Project Information

**Page 6**

**Question 7:**

**List your program's expected outcomes and internal methods of evaluation in the chart below (list at least three). Outcomes should be specific and measurable; method of evaluation should include a description of the processes, tools, software, etc. being used. (Customer surveys are external methods of evaluation – we are seeking internal methods such as internal programmatic audits or internal progress reports, etc.)**

# Project Information

**Page 6, Question 7 Continued**

| OUTCOME | MEASUREMENT | TIMEFRAME |
|---|---|---|
| **Example 1:** 40 students will score 5 points higher on the problem solving intake test by the end of the 6 week program. | Pretest and post test | 6 weeks |
| **Example 2:** 5 homeowners will no longer be on Health & Hospital's violation list within 8 months of applying for homeowner repair. | Checking Health & Hospital's list | 8 months |
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# Project Information

**Page 6**

**Question 8:**

**Attach current letters of support for this specific project (not for the organization as a whole) from at least three different types of sources, such as local businesses, neighborhood associations, community development corporations, City-County Councilors, churches, service providers and prior year program participants.  One support letter must be from a current board member describing the proposed project and their involvement in the organization.  *(Letters of support must be recently dated, project specific, signed, and labeled as Letters of Support.*  (Appendix B)**

# Project Information

**If requesting funds for acquisition, rehabilitation, or new construction, please answer questions 9-11.  If not, please go to question 12.**

# Project Information

**Page 6**

**Question 9:**

**How many units will be constructed or rehabilitated?  What is the total estimated cost per unit?**

**Question 10:**

**If you are requesting HOME funds, how many units will be HOME-assisted?**

# Project Information

**Page 7**

**Question 11:**

**Are you requesting HOME-assisted <u>rental</u> units to be fixed or floating?**

**(When HOME-assisted units are "fixed," the specific units that are HOME-assisted (and therefore subject to HOME rent and occupancy requirements) are designated and never change. When HOME-assisted units are "floating," the units that are designated HOME-assisted may change over time as long as the total number of HOME-assisted units in the project remains constant.)**

# Project Information

**Page 7**

**Question 12:**

**Has the proposed project already begun? if yes, what phase is this proposed project currently in?**

*(The phase a project is in will determine how federal regulations, such as Davis-Bacon, are applied.  Please note that funds cannot be used to reimburse costs that have already been incurred <u>prior</u> to the period of the contract.)*

# Capacity

**Page 7**

**Question 13:**

Provide a chart that includes all staff and positions (filled or vacant) responsible for <u>carrying out your project</u> and <u>administering the grant funds</u>. Additionally, below the chart include a brief description of staff experience and professional responsibilities for each staff member listed on the chart (resumes are not necessary).  (Appendix C)

| Position | Name | Duties |
|---|---|---|
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# Capacity

**Page 7**

**Question 14:**

**What is your experience in managing grant funds over the last two years? Please complete the Grant Experience chart below:**

| SOURCE | TYPE OF SOURCE | AMOUNT | DESCRIBE HOW FUNDS WERE USED |
|---|---|---|---|
| | ☐ Federal<br>☐ State<br>☐ Private | | |
| | ☐ Federal<br>☐ State<br>☐ Private | | |
| | ☐ Federal<br>☐ State<br>☐ Private | | |
| | ☐ Federal<br>☐ State<br>☐ Private | | |
| | ☐ Federal<br>☐ State<br>☐ Private | | |

# Capacity

**Page 8**

**Question 15:**

**Have you had a grant/s with the Indianapolis Department of Metropolitan Development in the previous two years? If so, please answer the following questions for the most recent four grants received related in nature to your current project request.**

**15a. What was the funding source and, if applicable, activity for the grant?**

**15b. How much was the grant for?                    $_____**

**15c. How much of the grant did you expend?                    $_____**

**15d. If your organization received a monitoring finding(s) from the City of Indianapolis in 2008 or 2009 please describe how those findings have been resolved and include how standard operating procedures have been modified to address the issue(s).**

# Capacity

**Page 8**

**Question 16:**

**Attach current letters from organizations with which you have formed partnerships to implement and carry out <u>this proposed project</u>. (A partner or collaborator brings resources such as volunteer time, labor, financial, services, etc. to the proposed project. An example of an acceptable referral partnership is evaluating applicants/clients, *not* just screening them and directing them to your organization.) *(Letters from partners must be recently dated, describe their role in the proposed project, be signed, and be labeled as Letters of Partnership. The partnership must be clearly defined. )* (Appendix D)**

# Capacity

**Page 8**

**Question 17:**

**Detail your organization's board structure by providing a current list of board members,**
**their positions, contact information, term expiration and on which**
**committee(s) they participate. Identify any vacant board positions.** *(No person*
*who is in a position to participate in the decision making process or gain inside*
*information, can have any financial interest and shall not acquire any financial*
*interest, direct or indirect, which would conflict in any manner or degree with*
*the performance of services required under their agreement.)* **(Appendix E)**

# Capacity

**Page 9**

## Question 18:

**Please list the dates of all 2010 and 2011 board meetings; include the percentage of board members in attendance.**

| Board Meetings | | | |
|---|---|---|---|
| Date | Attendance % | Date | Attendance % |
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# Capacity

**Page 9**

**Question 19:**

**Has your organization's board defined the skills, abilities, and representation needed on the board?  If yes, list and explain how.  Describe how this information is used as a basis for board recruitment.  (Please note, this question is asking if the board has identified what representation is needed as opposed to the current representation on the board.)**

# Capacity

**Page 9**

**Question 20:**

**How do the board members of your organization acquire and maintain the necessary skills for effective board leadership? How often does your organization's board participate in board development?  Please describe any board development activities held in 2010 and 2011.**

# Capacity

**Page 9**

**Question 21:**

**Please list and describe any financial controls your organization has implemented and incorporated into its standard operating procedures (i.e. external audit process, division of responsibilities, cash controls, purchasing policies, etc.)  (For all five points, list at least 5 examples <u>with descriptions</u>.)**

# Funding Information

**Page 10**

**Question 22:**

**a. Amount of funding requested: $_____**
**(This answer should equal the total of Column A of the Budget page of the application.)**

**b. Total project cost: $_____----_____**
**(This answer should equal the total of Column D of the Budget on page 11 of the application.)**

**c. Percent of total project amount requested: _____%**
*(question #22a ÷ question #22b)*

# Funding Information

**Page 10**

**Question 23:**

**Please list your match/leveraging sources and amounts below, and attach letters from organizations/financial institutions to document your match/leverage <u>for the proposed project/program</u>.  *(Letters documenting match/leverage must be recently dated, include the dollar amount of match/leverage, include the dates the match/leverage will be available, be project specific, and labeled as Letters of Financial Commitment. <u>Letters describing match/leverage for the organization but not  project specifically will not be accepted.</u>)* (Appendix F)**

# Funding Information

**Page 10, Question 23 Continued:**

Match/Leverage

| Source | Source Type | Coverage Dates | Full Award Amt | Amt covering project proposal period |
|---|---|---|---|---|
| Example: United Way | Cash | 1/1/10-12/31/10 | $100,000 | $25,000 |
| Example: Donations | In-Kind | 1/1/10-12/31/10 | $1,000 | $1,000 |
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# Funding Information

**Page 10**

**Question 24:**

**If you do <u>not</u> receive 100% of your funding request,**

**(1) what program modifications will you make and**

**(2) what other <u>specific</u> funding sources will your organization pursue? (*2 part question*.)**

# Funding Information

**Page 10**

**Question 25:**

**Will the project generate any income or return of funds through sale, rent, fees, loans, or other means?  If yes, explain.** *(Expenditures of program income require prior written approval from the City.)*

**\*Program Income is income generated from the use of grant funds on any project.  If your answer to this question is yes, then you must explain how program income will be generated and the proposed use of that income.  Note that federal regulations strictly limit how program income derived from federal funding may be spent.**

# Funding Information

**Page 11**

**Question 26:**

**Will you be requesting any other assistance (i.e. tax abatement, tax credit support, fee waivers, city loans or lines of credit, other city grants, etc.) from the City of Indianapolis for this proposed project/program?  If so, please list the amount and source of other assistance you are requesting.**

# Funding Information

**Page 11**

**Question 27:**

**Include a copy of your documentation of non-profit status. (Appendix G)**

**Question 28:**

**Include a copy of your organizational budget.  (Appendix H)**

# Funding Information

**Page 11**

**Question 29:**

**Please fill in the appropriate budget chart below. This budget should be specific to the project you are requesting funding.**

# Funding Information

**Page 11, Question 29 Continued:**

**CDBG Budget Chart**

| Category | A<br>City Request | B<br>Organization<br>Leverage/Match | C<br>Other Funding | D        Total =<br>A+B+C |
|---|---|---|---|---|
| Program Delivery (Salaries + Benefits) | | | | |
| Construction | | | | |
| Project Supplies (Public Service Only) | | | | |
| Project Rent | | | | |
| Contractual | | | | |
| Other (specify) | | | | |
| Other (specify) | | | | |
| Total | | | | |

# Funding Information

**Page 12, Question 29 Continued:**

### Emergency Shelter Grant Budget Chart

| Category | A<br>City Request | B<br>Organization Leverage/Match | C<br>Other Funding | D<br>Total = A+B+C |
|---|---|---|---|---|
| Homeless Assistance | | | | |
| Homeless Prevention | | | | |
| Administration (5% max) | | | | |
| Total | | | | |

# Funding Information

**Page 12, Question 29 Continued:**

**Housing Opportunities for Persons with AIDS (HOPWA) Budget Chart**

| Category | A<br>City Request | B<br>Organization Leverage/Match | C<br>Other Funding | D<br>Total = A+B+C |
|---|---|---|---|---|
| Housing Information Services | | | | |
| Tenant Based Rental Assistance | | | | |
| Short Term Rent, Mortgage & Utility Assistance | | | | |
| Supportive Services | | | | |
| Administration (10% max) | | | | |
| Total | | | | |

# Funding Information

**Page 12, Question 29 Continued:**

**HOME Budget Chart**

| Category | A                City Request | B          Organization Leverage/Match | C                Other Funding | D                Total = A+B+C |
|---|---|---|---|---|
| Acquisition/ Construction | | | | |
| Developer Fee | | | | |
| Tenant Based Rental Assistance | | | | |
| Total | | | | |

# Funding Information

**Page 12**

**Question 30:**

**Budget Narrative- This section *must* be completed to be eligible for funding.**

**Include an <u>explanation of the cost and the calculations</u> used to arrive at the city funding request for each line item in the budget on the previous pages. Please also provide a brief description of each category. For example, costs of salaries should include amount of hours worked, wages, benefits, etc. Operational expenses should include estimated utility costs, rent, regular maintenance, etc**

# Funding Information

**Page 13, Question 30 Continued:**

**CDBG**

A.)Program Delivery (Salaries + Benefits)

B.)Construction

C.)Project Supplies (Public Service Only)

D.)Project Rent

E.)Contractual

F.)Other (specify)

G;)Other (specify)

# Funding Information

**Page 13, Question 30 Continued:**

## Emergency Shelter Grant

A.) Homeless Assistance (this includes the previous categories of Operations, Essential Services)

B.) Homeless Prevention

C.) Administration (subgrantees can ask for up to 5% of the total grant for Administration – the City will announce what portion of this 5% will be split between subgrantee and the City)

# Funding Information

**Page 12, Question 30 Continued:**

## Housing Opportunities for Persons with AIDS

A.)Housing Information Services

B.)Tenant Based Rental Assistance

C.)Short Term Rent, Mortgage and Utility Assistance

D.)Supportive Services

E.)Administration (up to 10% of the total request – subgrantee will receive 7%, the City will receive 3%)

# Funding Information

**Page 14, Question 30 Continued:**

## HOME  TBRA

A.)Project Salary (include benefits)

B.)Developer Fee

C.)Predevelopment

D.)Construction

E.)Other

# Application Submission

*The City of Indianapolis, as the grant recipient, must ensure that Project Sponsors comply with all applicable federal rules and regulations. Your organization will be required to follow all applicable federal requirements as well as the City's Grants Management Policies. Copies of policies and procedures are available upon request. All City grant funds are distributed on a reimbursement basis only.*

# Application Checklist

**The following information <u>must</u> be attached to this application and clearly labeled and identified:**

❑**Appendix A - Map of project service area Outcome/Evaluation Chart (question 5)**

❑ **(HOME-only) – Map of strategic target area including addresses of proposed properties.     Proof of site control if applicable**

❑**Appendix B - Letters of neighborhood support (question 8)**

❑**Appendix C - Project organizational chart (question 13)**

❑**Appendix D - Letters from partners (question 16)**

❑**Appendix E - List of Board of Directors (question 17)**

❑**Appendix F - Letters of financial commitment (question 23)**

❑**Appendix G - Documentation of non-profit status, if applicable (question 27)**

❑**Appendix H - Organizational Budget (question 28)**

❑**Appendix I – HOME construction Pro Forma (questions 9-12 & 29)**

❑**Certification signed by Board President**

# Signatures

❑**I certify that submission of this application has been duly authorized by the governing body of the applicant and that all information contained in this application, to the best of my knowledge, is true and accurate.**

**I understand that awards will be made on a competitive basis and the City of Indianapolis may award an amount less than requested. I understand that the City of Indianapolis has no obligation to make a grant or loan to the applicant. <u>I am aware that incomplete or late applications will not be accepted or considered for federal funding.</u>**

_____
**Chief Elected Officer Signature**

_____
**Date**

_____
**Printed name**

_____
**Title**